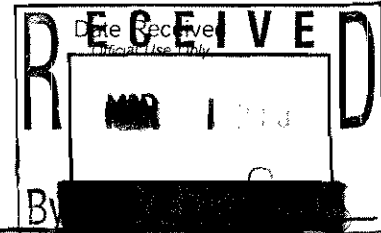


**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



Please type or print in ink.

10 MAR - 1 PM 4:16

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Silva	James	W.	[REDACTED]		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]					

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California State Assembly

Division, Board, District, if applicable:  
67th Assembly District

Your Position:  
State Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State
- ☐ County of \_\_\_\_\_
- ☐ City of \_\_\_\_\_
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.
- ☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- ☐ The period covered is January 1, 2009, through the date of leaving office.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- ☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

- Total number of pages including this cover page: 10
- Check applicable schedules or "No reportable interests."
- I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☒ Yes -- schedule attached  
*Investments (Less than 10% Ownership)*
- Schedule A-2 ☐ Yes -- schedule attached  
*Investments (10% or Greater Ownership)*
- Schedule B ☒ Yes -- schedule attached  
*Real Property*
- Schedule C ☐ Yes -- schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
- Schedule D ☒ Yes -- schedule attached  
*Income -- Gifts*
- Schedule E ☒ Yes -- schedule attached  
*Income -- Gifts -- Travel Payments*
- or-
- ☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-1-10  
(month, day, year)

Signature \_\_\_\_\_  
(File the \_\_\_\_\_)

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">James W. Silva</div>

► NAME OF BUSINESS ENTITY  
Microsoft

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Pfizer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Rockwell

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Defense Contractor

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Wal-Mart

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Retail

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Exxon-Mobil

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Oil

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Kelloggs

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

James W. Silva

NAME OF BUSINESS ENTITY  
Disney

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Entertainment

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Edison International

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Utilities

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Heinz

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Coca-Cola

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food/Beverages

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Lucent

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Communications

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

Comments:

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

James W. Silva

► NAME OF BUSINESS ENTITY  
Home Depot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Retail

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Pepsi

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food/Beverages

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Wyeth

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Insurance

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Communications

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Boeing

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Aircraft Manufacturing

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

Comments:

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

James W. Silva

► STREET ADDRESS OR PRECISE LOCATION

16199 Gallatin

CITY

Fountain Valley

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Paul Pham

► STREET ADDRESS OR PRECISE LOCATION

2356 D Linden Way

CITY

Palm Springs

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Susan Lerch

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  James W. Silva

► NAME OF SOURCE  
City of Huntington Beach  
ADDRESS (Business Address Acceptable)  
2000 Main St., Huntington Beach, CA 92648  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 09	\$ 200.00	parking passes
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Pacific Life Insurance Company  
ADDRESS (Business Address Acceptable)  
700 Newport Cntr. Dr., Newport Beach, CA 92660  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 09	\$ 63.06	lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Barona Band of Mission Indians  
ADDRESS (Business Address Acceptable)  
1095 Barona Road, Lakeside, CA 92040  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 09	\$ 233.12	food/lodging
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Orange County Automobile Dealers Association  
ADDRESS (Business Address Acceptable)  
125 Baker St. East, Ste. 262, Costa Mesa, CA 92626  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Automobile Sales and Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 09	\$ 85.13	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
American Council of Engineering Companies  
ADDRESS (Business Address Acceptable)  
1303 J St., Suite 450, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Engineering/Surveying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 09	\$ 69.29	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
California Travel and Tourism Commission  
ADDRESS (Business Address Acceptable)  
980 9th St., Suite 480, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tourism Promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 09	\$ 50.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name

James W. Silva

► NAME OF SOURCE

Rincon Band of Luiseno Indians

ADDRESS (Business Address Acceptable)

P.O. Box 68, Valley Center, CA 92028

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 09	\$ 227.72	lodging/fruit basket
05 / 08 / 09	\$ 53.50	dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Pala Band of Mission Indians

ADDRESS (Business Address Acceptable)

12196 Pala Mission Rd., Pala, CA 92059

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 09	\$ 30.00	lunch
05 / 08 / 09	\$ 35.00	gift bag, shirt, flag
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

MillerCoors LLC

ADDRESS (Business Address Acceptable)

411 East Wisconsin Ave., Milwaukee, WI 53202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beverages

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 09	\$ 176.90	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Dart Container Corporation

ADDRESS (Business Address Acceptable)

4000 Barranca Pkwy, Ste. 250, Irvine, CA 92604

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Food Service Products Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 09	\$ 65.06	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)

P.O. Box 700, Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Horseracing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 09	\$ 150.00	ticket
07 / 22 / 09	\$ 105.00	lunch
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. #150, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government and Public Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 09	\$ 147.01	briefcase
12 / 02 / 09	\$ 61.74	jacket
12 / 02 / 09	\$ 8.72	gift bag

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

James W. Silva

► NAME OF SOURCE

John Wayne Airport

ADDRESS (Business Address Acceptable)

18601 Airport Way, Santa Ana, CA 92707

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 09	\$ 420.00	parking pass
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Care Ambulance Service

ADDRESS (Business Address Acceptable)

1517 W. Braden Ct., Orange, CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Emergency/Non-Emergency Ambulance Transport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 09	\$ 100.00	ticket to charity event
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Ruth's Chris Steak House

ADDRESS (Business Address Acceptable)

1355 N. Harbor Dr., San Diego, CA 92166

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 09	\$ 54.37	dinner
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Comcast Corporation

ADDRESS (Business Address Acceptable)

1215 K St., Ste. 1700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 09	\$ 78.00	ticket
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments:



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

James W. Silva

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

Mr. Frank Singer

ADDRESS (Business Address Acceptable)

3552 Venture Drive

CITY AND STATE

Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Commercial Air Transport

DATE(S): 09 / 02 / 09 - 09 / 02 / 09 AMT: \$ 260.00  
(if applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Transportation from Palm Desert to  
Sacramento

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

James W. Silva

**CALIFORNIA FORM 700 ATTACHMENT**

The filer has made a good faith effort to identify, value, and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the 2009 calendar year. The filer has implemented a policy to track carefully events at which the filer was provided meals or other benefits as well as events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets or benefits to provide confirmation of the event and valuation of the gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.